FEE TRANSMITTAL for FY 2005

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

[X] Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($) 905

Complete if Known

Application Number	10/007,355
Filing Date	November 7, 2001
First Named Inventor	Mitchell E. Eggers
Examiner Name	Alexander, Lyle.
Art Unit	1743
Attorney Docket No.	083022-0272515

METHOD OF PAYMENT (check all that apply)

[ ] Check [ ] Credit Card [ ] Money Order [ ] None [ ] Other (please identify):_____

[X] Deposit Account   Deposit Account Number: 502212   Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[x] Charge fee(s) indicated below   [ ] Charge fee(s) indicated below, **except for the filing fee**

[x] Charge any additional fee(s) or underpayment of fees(s) under 37 CFR 1.16 and 1.17   [x] Credit any overpayments

WARNING: Information on this form may become public. Credit Card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fee Paid ($)
Utility	300	150 100	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 20 or HP = _____	X _____	= _____	

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims	
Fee ($)	Fee Paid ($)
_____	_____

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 3 or HP = _____	X _____	= _____	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 =	_____ /50=	_____ (round up to a whole number) x	125.00 =	_____

4. OTHER FEE(S)

Fee Paid ($)

Non-English Specification,   130 fee (no small entity discount)
RCE--395
Other: 3 Month Extension of Time --510

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 55636	Telephone 858509.4007
Name (Print/Type)	Anthony Smyth		Date September 30, 2005